



STATE OF INDIANA

Indiana State Department of Toxicology

Application for Ignition Interlock Device Model Certification

Instructions for completing this application:

Before you begin completing this application, please review Indiana Administrative Code 260 IAC 3. The web address for these code provisions is:

<http://www.in.gov/legislative/iac/T02600/A00030.PDF?>

You may also obtain a copy of these code provisions from the Indiana State Department of Toxicology (ISDT) website:

<http://www.in.gov/isdt/>

Please submit the completed application by mail to:

Indiana State Department of Toxicology
550 W. 16th Street
Indianapolis, IN 46202

For questions contact Teri Kendrick at the Indiana State Department of Toxicology, telephone 317-921-5002, email tkendrick@isdt.in.gov.

If an ignition interlock device model is approved, ISDT will issue an Ignition Interlock Device Model Certification (Certification), which shall be effective on the date of issuance and valid for three (3) years, unless it is surrendered, suspended, or revoked prior to expiration. The Certification will be subject to review by ISDT during the course of the certification period.

Indiana State Department of Toxicology

Application for Ignition Interlock Device Model Certification

☐ Initial Ignition Interlock Device Model Certification

☐ Renewal of Ignition Interlock Device Model Certification

Provider or Vendor of Ignition Interlock Device Model to be certified:

Legal Name of Provider or Vendor

Physical Address

Mailing Address

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Telephone Number

Provider or Vendor Representative

The ignition interlock device provider or vendor employee designated to act on behalf of and/or represent the provider or vendor in all matters relating to the certification of the ignition interlock device model in Indiana is:

Printed Name and Title

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Telephone Number

Mailing Address

E-Mail Address

Ignition Interlock Device Model

The undersigned hereby requests certification by the Indiana State Department of Toxicology of the following ignition interlock device model:

Manufacturer Name

Model Name/Number

Version

The ignition interlock device model listed has been approved for use in the following states:

I, _____, certify on behalf of the ignition interlock device
Printed Provider or Vendor Representative Name
provider or vendor that:

_____ Compliance with all provisions of Indiana Administrative Code 260 IAC 3 will be maintained at all times as a condition of certification of the ignition interlock device model and;

_____ Any reports or data requested by ISDT will be provided as required by Indiana Code § 9-30-8-6(c).

Signature of Provider or Vendor Representative

Date

The following documentation must be submitted with the completed application:

- A precise set of specifications describing the features of the ignition interlock device model, including all anti-circumvention features.
- The operator's manual, user's guide, or instructions provided to restricted operators using the ignition interlock device model.

Please submit a copy of any report produced by an independent accredited laboratory regarding compliance or noncompliance with any of the standards and specifications in 260 IAC 3-2-1, and a copy of the accreditation for each such laboratory.